

8 8293668  
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

03-16-89 SHIPPER 19226  
 State of California - Health and Welfare Agency  
 Form Approved OMB No. 2050-0039 (Expires 9-30-91)  
 Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6  
 and Front of Page 7

Department of Health Services  
 Toxic Substances Control Division  
 Sacramento, California

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C1A1X1010101316141813	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address PARA PLATE 15919 SHOEMAKER, CERRITOS, CA 90702				A. State Manifest Document Number 8 8293668		
4. Generator's Phone (213) 404-3434				B. State Generator's ID		
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		6. US EPA ID Number C1A1D10141214151011		C. State Transporter's ID 904880		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 698-0991		
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602				E. State Transporter's ID		
10. US EPA ID Number C1A1D10141214151011				F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)				12. Containers No. Type 01012 DIM	13. Total Quantity G	14. Unit Wt/Vol
b.				State EPA/Other		
c.				State EPA/Other		
d.				State EPA/Other		
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above a. 01 b. c. d.		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name FRANK E. Hernandez				Signature Frank E. Hernandez		
17. Transporter 1 Acknowledgement of Receipt of Materials				Month Day Year 03/22/89		
Printed/Typed Name Robert J. Cirigliano				Signature Robert J. Cirigliano		
18. Transporter 2 Acknowledgement of Receipt of Materials				Month Day Year 03/22/89		
Printed/Typed Name				Signature		
19. Discrepancy Indication Space				Month Day Year		
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name FRANK FORD				Signature Frank Ford		
				Month Day Year 03/22/89		